

Knowledge, Attitude and Practice Towards to Safe Abortion Among Female Students of Worabe University, Siltie Zone, Central Ethiopia, 2024

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Abstract

Background: Safe abortion is a critical aspect of reproductive healthcare, yet knowledge, attitude, and practices surrounding this topic remain varied among university students. Understanding the factors influencing perceptions and behaviors towards safe abortion is essential for promoting reproductive health and well-being. This study was aimed to assess the knowledge, attitudes, and practices of students at Worabe University regarding safe abortion.

Method: An institution-based cross-sectional study was conducted among undergraduate students in Worabe University. Multistage-sampling technique was employed. Data were collected on knowledge, attitudes, and practices towards safe abortion using structured questionnaire. Data analysis was done by using SPSS software version 25.

Results: Three hundred thirty (330) female students were included in this study, making a response rate of 98.2%. This study identified that 20.8% of students had poor knowledge about safe abortion and 23.3% has negative attitude towards safe abortion. Among the total of respondents 15 (4.5%) have been pregnant and 6(1.8%) mentioned practiced safe abortion. Among those 4(66.7%) abortions performed in private clinic, the remaining 2(33.3%) were performed in health center.

Conclusion: A significant number of students had still poor knowledge, and negative attitude towards safe abortion. Therefore, it is important to enhance educational efforts, promote positive attitudes towards safe abortion, instead of unsafe abortion. Addressing these gaps in knowledge and attitudes towards safe abortion can contribute to a more informed and supportive campus environment for students and improve the reproductive healthcare seeking behavior of the community as a whole.

Keywords: safe abortion; abortion; termination of pregnancy; reproductive health

Introduction: Background

Abortion is defined as the process of ending a pregnancy by removing or expelling a fetus or embryo from the uterus before viability [1]. It can be intentionally caused or it might happen spontaneously, referred to as a miscarriage. The intentional termination of a pregnancy before the fetus can live independently can be elective, based on a woman's personal choice, or therapeutic, to preserve the health or save a pregnant woman's life [2].

According World Health Organization (WHO) unsafe abortion is a procedure for terminating unwanted pregnancies performed by individuals lacking the necessary skills, or in an environment lacking minimal medical standards, or both [3]. The exact incidence of abortion has been very difficult to obtain basically. because, of the fact that, abortion is illegal in a lot of countries, especially developing

countries [4]. Despite legal restrictions, nearly half of abortion is still practiced are performed by unskilled practitioners, or in unsanitary conditions.

Abortion in adolescents is an indicator of unplanned pregnancy [5]. Most abortions result from unintended pregnancies. A pregnancy can be intentionally aborted in several ways [6]. The termination selected often depends upon the gestational age of the embryo or fetus, which increases in size as the pregnancy progresses. The specific procedures may also be selected due to legality, regional availability, and doctor or patient preference [7]. However, most of them do their abortion where there is no adequate equipment to do safe abortion [8].

Approximately, 205 million pregnancies occur each year worldwide. One third is unintended pregnancy. Most abortions result from unintended pregnancies [9]. It is also estimated that 60% of unwanted pregnancies worldwide occur among adolescents. Due

to, higher numbers of sexually exposed adolescents and lower contraceptive use lead to higher pregnancy rates among female students [10]. Adolescents represent a significant proportion of the woman who chooses abortion. The world health organization (WHO) estimates that at least 33% of all women seeking hospital care for complications such as hemorrhage, sepsis and infection related to abortion are under 20 years of age. Even though illegal abortions have high mortality and morbidity rates, legalizing abortion is highly debatable issue among health policy makers worldwide [11].

Annually, 67,000 women in the world die as a result of unsafe abortion and each day 192 women die. As a result of complications arising from unsafe abortion and nearly all of them occur in developing countries [3]. According to WHO report, the death rate from illegal abortion in Ethiopia is 120 per 10,000 [12]. In Ethiopia, despite the technological advancements in modern contraception methods unintended pregnancy is still a big problem. More than 60% of the pregnancies in adolescents are unintended because they resulted from contraception non-use, contraception method failure and rape [13]. The incidence of unintended pregnancy and unsafe abortion, particularly among adolescents remain high. Abortion emanating from unintended pregnancy is one of the most significant causes of maternal morbidity and mortality. It is also a major medical and public health problem [14].

Unintended pregnancy was a major challenge to reproductive health of young adults in developing countries and higher among women who are unmarried and of lower economic status-factors that also leads to abortion [15], and it is related with the availability and poor knowledge on contraceptive methods. In Ethiopia 2010, an estimated 382,500 induced abortions were performed, for an annual rate of 23 abortions per 1,000 women aged 15 - 44 [16]. Therefore, this study can provide insights into the level of awareness and understanding of safe abortion service, their attitudes towards safe abortion can shed light on their personal beliefs and values regarding reproductive rights and autonomy within the context environment and examining their practices towards safe abortion to improve this public health problem. However, there is limited evidence on knowledge attitude and practices of toward to safe abortion among female student in higher level educational institutions of Ethiopia, Including the study area.

Methods

Study design, period, and setting

Institution-based cross-sectional study design was conducted from January 12 - June 10/2024 in Worabe University. Worabe University (WRU) is one of the fourth-generation university established in 2018. It is located 172 Km southwest of Addis Ababa which is the capital city of Ethiopia. The foundation stone was laid down on 29th November 2007 E.C. Worabe University admit over 4980 students in regular and continuing education programs in 47 departments under 7 Colleges. It has 6 master's program and 46 undergraduate programs. From the total enrollment students 22.08% (1100) of them are females.

Population and Eligibility criteria

Source population

All undergraduate female students in Worabe University

Study population

All undergraduate Female students in selected department of Worabe University.

Study Unit

Each of selected female under graduate students of the selected department of Worabe University.

Inclusion Criteria

All regular undergraduate female student of the selected department.

Exclusion Criteria

Critical sick student and students absent during data collection period would be excluded from study.

Sample size determination and sampling procedure

The sample size was determined by using single proportional formula:

$$n = \frac{z^2 P(1 - P)}{d^2}$$

With the following assumptions: prevalence of the attitude toward to safe abortion among female student in MizanTepi University was 74.2%, Southern Ethiopia [20], 95% confidence level, 5% margin of error, and with 1.5 design effect. Selected sample size which was calculated by attitude and $n = 294$ add 10 % non-responses $294 + 29$ gives 323 since, we use multistage sampling it multiplied by design effect 1.5 and gives 484 while, the population less

than 10,000. It needs correction Formula $n/1+n/N$ and gives 336 participants are included.

Sampling Techniques

Multi stage sampling method was used and three colleges are selected randomly. Those are College of agriculture and Natural science; College of Medicine and Health Science and College of social science were selected. Then the department selected from each department by lottery methods. The total female students found in three colleges were 637. Female student in college of Medicine and Health science was 226, Female student in college of Agriculture and Natural Science 228, and in college of social science 184 female student enrolled.

Number of Female students in midwifery department was 78, in laboratory department 64, and 84 female

students are nursing department, in Plant science department 82, animal Science department 75, in Horticulture 71, in Anthropology 60, in Political science and international relation 49 and in Geography and Environmental 75 female student enrolled. Simple random sampling technique would be used to select each participant from each department until the sample size was fulfilled.

To allocate proportional by used this formula $n_i/N \times n$ where n_i =total female student in each of selected Department, N the total number of female students found in nine departments, and n = sample size. Finally, a simple random sampling technique will be used to select each female student from each department. Proportional allocate for each department by using the formula $n_i/N \times n$ (Figure 1).

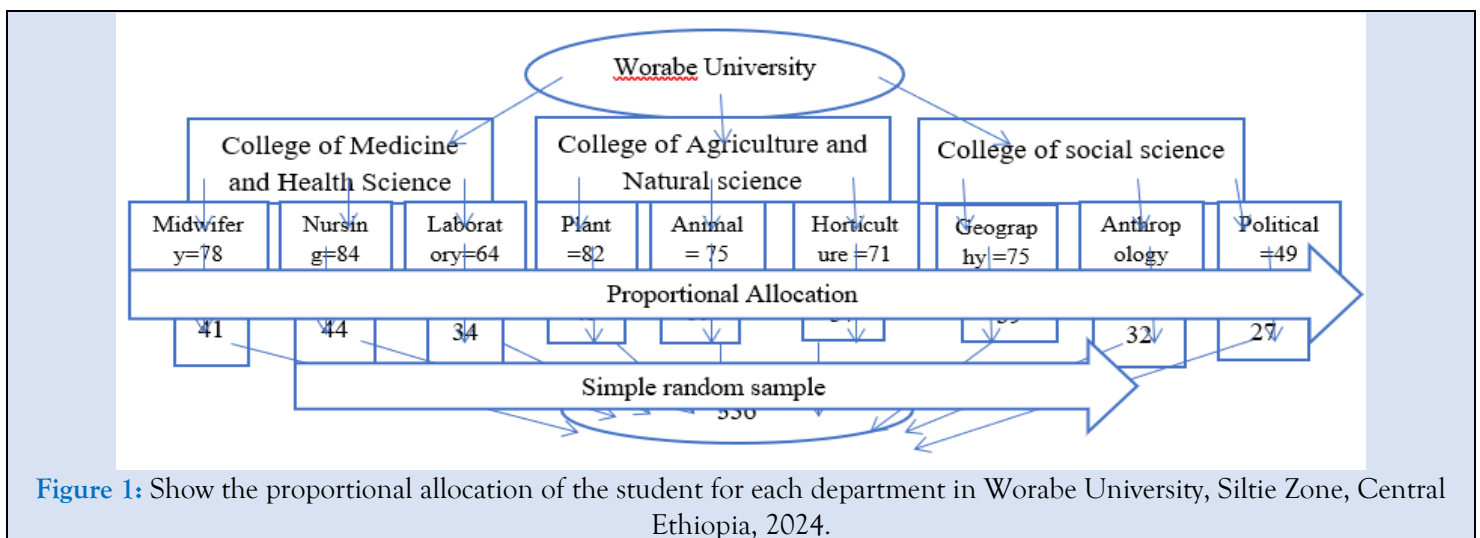


Figure 1: Show the proportional allocation of the student for each department in Worabe University, Siltie Zone, Central Ethiopia, 2024.

Operational Definition

Safe Abortion: is termination of pregnancy by qualified and skilled persons with medical standard [17].

Knowledge: Female student who scored above the mean cutoff point were considered to have good knowledge and coded as "1," whereas those who scored below this cutoff point were considered to have poor knowledge and coded as "0" during the analysis [17].

Attitude: Predisposition to respond positively or negatively to safe abortion, related issues such as co-workers' recommendations for abortion, or which type of abortion is preferred for oneself in the event of an unwanted pregnancy [18].

Positive attitude: respondents those answer greater than the mean attitude score is considered to have a positive attitude [18].

Negative attitude: respondents who answered less than the mean attitude score were considered to have a negative attitude [18].

Practice: Women's apparent health behaviors, habits, or habits related to safe abortion. Those who have experience/ practice safe abortion [19].

Data quality control

To assure the quality of data, data collectors and supervisors were trained for two days on basic data collection skills, and translation of English version questionnaire to the local language (Amharic) was done by language experts. The questionnaire was pre-tested on 5% of the sample size in Wolkite University. Problems highlighted during the pilot study were corrected and all necessary adjustments were made before the actual data collection.

Interviews were conducted in an area with adequate confidentiality, privacy, and without the involvement of any other person other than the respondent. On-

site supervision was carried out daily by the supervisors and principal investigators. At the end of each day, questionnaires were reviewed and cross-checked for completeness, accuracy, and consistency evaluated by the supervisor and principal investigator, and lastly, correction measures were taken for the next time.

Data collection methods and instrument

Structured, pre-tested and self-administrated questionnaires were used for data collection. The data was collected by 5 female undergraduate students from Economics Department who spoke both languages Amharic fluently and 2 female undergraduate public health students were assigned for supervision. The data collectors were undertake using a structured and pretested Amharic questionnaire. English version of the questionnaire would be prepared and translated to Amharic then back to English by language experts in order to check for consistency.

Statistical analysis

Data were coded, entered, and cleaned using Epi-Data version 4.6.0.0 software. The entered data were exported and analyzed with SPSS version 25. Simple descriptive statistics, frequencies, and percentages, were performed to describe the socioeconomic characteristics of the respondents. Then, the information was presented in text and tables.

Result

Socio- demographic characteristics of respondents

A total of 330 female students are participated in this study with response rate of 98.2%. From the total of 330 respondent students, 277 (83.9%) of them were in the age group of between 20-25 years and with the mean 21.37 and SD \pm 3. 2. Around forty six percent respondents 157(45.8%) were orthodox. Majority of them 319(96.7%) were single and 11(3.3%) were married. majority 320 (97%) were living inside dorm. Nearly thirty seven percent were second year students, 104(31.1) were three-year and the rest 105(31.8) were fourth-year students (Table 1)

Table 1: Socio-demographic characteristics of knowledge, attitude and practice towards to safe abortion among female student in Worabe University, Central Ethiopia, 2024.

Variables	Categories	Frequency	Percent (%)
Age	<20	32	9.7
	20-25	277	83.9
	>25	21	6.4
Religion	Orthodox	157	45.8
	Protestant	53	16.1
	Muslim	94	28.5
	Catholic	21	6.4
	Others	11	3.3
Marital status	Single	319	96.7
	Married	11	3.3
Residential area	Inside dorm	320	97.0
	Outside dorm	10	3.0
Year of study	Year II	121	36.7
	Year III	104	31.5
	Year IV	105	31.8

Knowledge of respondents on safe abortion

Regarding the overall knowledge, from total 330 respondents 262 (79.2%) respondents have good knowledge and the remaining 68 (20.8%) have poor knowledge on safe abortion. Approximately, eighty six percent 283(85.8%) of them responded that they heard about safe abortion, from these 222 (78.4%) of them heard from teacher. Among the respondents 245 (74.2%) of respondents know where safe abortion

should be conducted. Those of respondents 96 (39.74%) mentioned the place where safe abortion performed was in private clinic, and 127 (46.0%) of them know safe abortion procedure done by doctors and 87(31.5%) know by midwife.

Among respondents 260 (78.8%) said less than 12 week of pregnancy is the preferable time to perform safe abortion, 71(21.5%) of pregnancy below 27 week and the rest 18 (5.5%) said safe abortion can be

performed at any time during pregnancy. Whereas, 45(13.8%) respondents were no response on the time of safe abortion (Table 2).

Table 2: Knowledge of female students of Worabe University on safe abortion, Central Ethiopia, 2024.

Variables	Categories	Frequency	Percent %
Heard about abortion	Yes	283	85.8
	No	47	14.2
Source of information	Health professional's	102	36.0
	Teachers	113	39.9
	Mass Media	68	24.0
Know the place for safe abortion to be conducted	Yes	245	74.2
	No	85	25.8
Places to conduct safe abortion	Community pharmacy	47	19.2
	Hospital	48	19.6
	Health center	33	13.5
	Private clinic	96	39.2
	At home	21	8.6
Ways of termination of abortion described	Drug abortion	172	60.8
	Surgical abortion	85	30.0
	Traditional abortion	26	9.2
Know about legal abortion	Yes	264	80.0
	No	66	20.0
If yes' what does it mean?	Performed by a health professional	170	64.4
	Conducted by skilled person	94	35.6
Do you know what it is to have an illegal abortion	Yes	239	72.4
	No	91	27.6
If 'yes', what does it mean?	Termination of an unwanted pregnancy by a person who does not have enough knowledge	143	59.8
	Termination of unwanted pregnancies in areas where medical equipment is not available	96	40.2
Is abortion legal in Ethiopia?	Yes	257	77.9
	No	20	6.1
	I don't know	53	16.1
If your answer is 'Yes', under what circumstances	If the body exercise is not correct / injured	41	16.0
	When the pregnancy came from a related relative	103	40.1
	When the fetus or mother is in trouble / needs treatment.	70	27.2
	When the mother is physically and mentally disabled	29	11.3
	All of them	14	5.4
Do you know who attends safe abortion	Yes	276	83.6
	No	54	16.4
If 'yes' who attend the procedure?	Doctor	127	46.0
	Midwife	87	31.5
	Any health professional	62	22.5
When is the preferable time to perform safe abortion	Before 12 weeks of pregnancy	260	78.8
	13-27 Week of pregnancy	50	15.1
	At any time during pregnancy	15	4.5
	Neutral	5	1.5

Attitudes of respondents on safe abortion

In this study from the total 330 respondent's majority of respondents 253(76.7%) have positive attitude towards safe abortion, the rest 77(23.3%) respondents

have negative attitude towards safe abortion. Approximately, seventy six percent 250 (75.8%) of respondent had said that safe abortion is necessary and 65 (26.0%) said safe abortion is necessary to save

the life of mother, 67 (26.6%) said it is necessary if pregnancy is due to rape, 118(47.2%) mentioned it is important to prevent school disruption. But, 80 (24.2%) of them have negative attitude towards safe abortion. From the total of the respondents nearly

quarter 80(24.2%) criticized abortion because of the following reason 22 (27.5%) said it is religiously is not allowed, 32(40.0%) said it may take mother life, 34 (34%) said Women are exposed to unplanned pregnancies (Table 3).

Table 3: Participants' attitude towards safe abortion in Worabe University, Central Ethiopia, 2024

Variables	Categories	Frequency	Percent
Do you think safe abortion is necessary	Yes	250	75.8
	No	80	24.2
If yes, why	Necessary to save the life of mother If pregnancy is due to rape	65	26.0
	It is important to prevent school disruption	67	26.8
	Necessary to save the life of mother If pregnancy is due to rape	118	47.7
If no, why	My religion is not allowed	22	27.5
	It may take mother life	32	40.0
	Women are exposed to unplanned pregnancies	13	16.3
	Others	13	16.3
Do you or anyone else advocate/support safe abortion	Yes	266	80.6
	No	64	19.4
If yes which type of abortion method	Surgical methods	70	26.3
	Drug withdrawal	181	68.0
	Traditional methods	15	5.6
If there is an unintended pregnancy, do you use abortion to prevent growth	Yes	256	77.6
	No	74	22.4
If they say 'yes' why	Because, I don't want to have a baby	84	32.8
	Because Pregnancy affects my education	107	41.8
	To prevent social isolation	65	25.4
If they say 'No', why	Because my religion does not allow abortion, I don't want to kill my child	53	71.6
	Because my religion does not allow abortion, I don't want to kill my child	21	28.4
If you want an abortion, which type do you use	Surgical abortion where equipment is available	117	45.2
	Medical abortion in the clinic	139	54.8

Practice of safe abortion

Among the total of respondents 73 (22.1%) had history of sex previously. From those 15 (4.5%) have been pregnant and 6(1.8%) mentioned practiced safe abortion. Among those 4(66.7%) abortions performed in private clinic, the remaining 2(33.3%) were performed in health center. 3(60%) of them practice abortion at the time when the pregnancy was

below 12 weeks, 2 (40%) when the pregnancy was 13-14 weeks of duration. From those who practiced, 3 (60%) mentioned that the reason why they attend abortion was not to interrupt their education and 1 (33.3%) said fear of their family. From those who practiced abortion 1(20%) of them complain problem after the procedure was done and 4 (80%) did not complain any problem after abortion. The problem complained was pain (Table 4).

Table 4: Practice of female students of Worabe University towards to safe abortion, Central Ethiopia, 2024.

Variables	Categories	Frequency	Percent
Have you had sex before?	Yes	73	22.1
	No	257	77.9
If yes, have you ever been pregnant	Yes	15	20.5
	No	58	79.5
If yes, have you ever practiced abortion	Yes	6	40
	No	9	60
If yes, where did you attend	Health center	2	33.3
	Private clinic	4	66.7
What was the duration of induced abortion	Below 12 weeks	4	66.7
	13-27 weeks	2	33.3
What was the reason for attending abortion	Fear of family	3	50.0
	Not to discontinue education	3	50.0
Was there any problem after abortion	Yes	2	33.3
	No	4	66.7
Are you currently uses of contraceptive	Yes	41	56.2
	No	32	43.8

Discussion

Abortion is the termination of pregnancy by the removal or expulsion from the uterus or embryo prior to viability. Abortion can occur spontaneously in which case it is called a miscarriage, or it can be purposely induced. The term abortion commonly refers to the induced abortion of human pregnancy [8].

According to study finding 79.2% respondents had known about safe abortion and 85.8% of participants heard about safe abortion. The majority of the students obtain the information from teachers 39.9% and 36% obtained from Health professionals. However, the study conducted in Korea, show that 61.3% participants knew that what safe abortion. The different source from which they obtained information about abortion related issues, were the media 66.2%, friends 1.75%, parents 1.55% and 46% of the participants knew where and how to obtain safe abortion [14]. This was higher when we compared with previous study done in Korea this is due to this study conducted on university student, they have more knowledge about safe abortion and they have cases to get information from different medias, health professionals and clubs in high school and university. But the study conducted in MezanTepi University, South west Ethiopia show that 90.52% of participants know about safe abortion and 9.47% did not know. The source of information they obtain was from mass media 223 (58.37%), and 89 (23.29%) obtained from health professions. This finding was lower when compared to previous study conducted in Mizan Tepi

University, South Ethiopia. This may be due to variation in department included in the study [20].

The majority 264(80%) of respondent identified the legal ground for abortion and 257(77.9%) of female student know abortion legally permitted in Ethiopia. The study conducted at Debre Markos Referral Hospital; Northwest Ethiopia show that 292 (76%) the women's know abortion legally permitted in Ethiopia. This finding was comparable the study conducted to Debremarkos, Northwest Ethiopia [21]. While the study conducted in Zambia shows only 16% of female respondents correctly identified the legal grounds for abortion, while 40% knew that abortion was legally permitted in extreme situations where the mother's life is threatened. In urban areas of Lusaka province, only 55% of females knew that abortion could legally be performed to save the mother's life [22]. This finding is higher than when compared to the study conducted in Zambia. The variation may relate socio economic characteristics of the respondent. Nearly seventy nine percent 260(78.8%) of students know the preferable time to perform safe abortion. This finding is comparable the study conducted in Mizan Tepi university [20].

According to this study fining majority of respondents 253(76.7%) have positive attitude towards safe abortion. Among the study participants 250 (75.8%) of respondent had said that safe abortion is necessary and 65 (26.0%) said safe abortion is necessary to save the life of mother, 67 (26.6%) said it is necessary if pregnancy is due to rape, 118(47.2%) mentioned it is important to prevent school disruption[20]. This

finding is comparable the study in Mizan Tepi University. This may relate with the similarity of the status among respondents. This finding also comparable the study conducted in Nigeria. The study conducted in Nigeria show that 78% of the respondents had positive attitude towards safe abortion with those especial cases: if fetal deformity and if the pregnancy is due to rape, 82% of the respondents approved if the couples cannot afford another child and 22% of them against safe abortion [23]. Among the total of respondents 73 (22.1%) had history of sex previously, from those 15 (4.5%) have been pregnant and 6 (1.8%) mentioned practiced abortion. Among those 4(66.7%) abortions performed in private clinic, the remaining 2(33.3%) were performed in health center. 4(66.7%) of them practice abortion at the time when the pregnancy was below 12 weeks. From those who practiced, 3 (60%) mentioned that the reason why they attend abortion was not to interrupt their education and 2 (33.3%) said fear of their family. From those who practiced abortion 2(33.3%) of them complain problem after the procedure was done and 4 (66.7%) did not complain any problem after abortion. This finding was comparable to the study conducted Mizan tepi University [20] and the study conducted in Addis Ababa University [18].

Conclusion

The majority of respondents demonstrate good knowledge and a positive attitude towards safe abortion; however, the actual practice remains low. They recognize the importance of safe abortion over unsafe abortion in preventing school disruption. While many female students have heard about safe abortion primarily from teachers, a significant proportion still holds negative attitudes. To enhance knowledge, attitude, and practice, universities should prioritize health education covering safe sex, pregnancy prevention, safe abortion options, contraceptive use, and reproductive health services. Additionally, tailored counseling services should address the emotional and psychological needs of students considering or having had an abortion.

Declarations

Acknowledgments

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study participants, data collectors, and supervisors in each study site who gave their expensive time.

Consent for publication

Not needed

Availability of data and materials

The datasets analyzed during the current study will be available from the corresponding author upon reasonable request.

Competing interests

The author(s) declared that there is no conflicting of interest related to the conducting or publication of this research.

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Author contributions

FE, NE and EM conceptualized the study. MA, FE and AB conducted the statistical analyses, data interpretation and wrote the first draft of the manuscript. Both authors read and approved the final manuscript.

Ethics declarations

Ethical approval and consent to participate

Ethical approval was obtained from he Wolkite University, College of Medicine and Health Science Ethical Review Committee (reference number/567/2015/. Data collector had explained the purpose of the study before the beginning the data collection for the study participant. The participant's privacy and their rights during the interview were guaranteed, and written and signed informed consent was obtained from each participant. Those who signed written consent only participated in the study. The participant had the right to withdraw from the study at any time. Coding was used to eliminate names and other personal identification of the respondent throughout the study process to ensure participants confidentiality. Moreover, there is no invasive procedure in the study and it was conducted following the declaration of Helsinki.

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